

# SENATE BILL REPORT

## ESHB 1336

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As of March 28, 2013

**Title:** An act relating to increasing the capacity of school districts to recognize and respond to troubled youth.

**Brief Description:** Increasing the capacity of school districts to recognize and respond to troubled youth.

**Sponsors:** House Committee on Education (originally sponsored by Representatives Orwall, Dahlquist, Pettigrew, Cody, Walsh, Green, Appleton, Freeman, Fitzgibbon, Hunt, Stonier, Kagi, Maxwell, Goodman, Moscoso, Roberts, Reykdal, Lytton, Santos, Fagan, O'Ban, Van De Wege, Jinkins, Bergquist, Pollet, McCoy, Ryu, Upthegrove, Tarleton and Fey).

**Brief History:** Passed House: 3/04/13, 90-8.

**Committee Activity:** Early Learning & K-12 Education: 3/20/13, 3/27/13 [DPA-WM].  
Ways & Means:

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### SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Litzow, Chair; Dammeier, Vice Chair; McAuliffe, Ranking Member; Rolfes, Assistant Ranking Member; Billig, Brown, Cleveland, Fain, Hill, Mullet and Rivers.

**Staff:** Katherine Taylor (786-7434)

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### SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Elise Greef (786-7708)

**Background:** Certification and Training. Legislation enacted in 2012 requires certain health professionals, including counselors, therapists, and social workers, to complete an approved training program of three to six hours in suicide assessment, treatment, and management every six years. The training applies toward continuing education requirements for certificate renewal. The Department of Health (DOH) is writing rules to implement these provisions, including considering training programs listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement takes effect January 1, 2014.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

School counselors, psychologists, and social workers are certified by the Professional Educator Standards Board (PESB) rather than by DOH. School nurses are certified by both agencies, but are not included under the 2012 legislation regarding suicide assessment training. Educators are certified under a two-tier system; they receive an initial certificate, and then a professional certificate or continuing certificate based on completion of an additional program or requirement. The second certificate may then be renewed based on 150 clock hours of continuing education every five years.

All educators must complete a course on issues of abuse to receive an initial certificate. The required content of the course is outlined in statute and includes identification of physical, emotional, sexual, and substance abuse; impacts on student learning; reporting; and methods for teaching students about prevention.

Safe School Plans. School districts must adopt comprehensive safe school plans. At a minimum, the plans must address school safety policies and procedures; emergency preparedness and response; school mapping for emergency first responders; and communication with parents. The Office of Superintendent of Public Instruction (OSPI) developed a model safe school plan that school districts are encouraged to consider when developing their own plans. There is a School Safety Advisory Committee and a School Safety Center within OSPI to provide updated information and serve as a resource for school districts. The focus of the model safe school plan is on preventing and responding to natural disasters and external threats.

**Summary of Bill (Recommended Amendments):** Certification and Training. School counselors, psychologists, social workers, and nurses must complete a training program of at least three hours in youth suicide screening and referral as a condition of certification by PESB. Content standards for the training are adopted by PESB in consultation with OSPI and DOH. PESB must consider training programs on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement applies to continuing or professional certificates at the time the certificates are issued, if they are first issued or renewed on or after July 1, 2015.

As part of the course on issues of abuse, PESB must incorporate standards for recognition, initial screening, and response to emotional or behavioral distress in students, including indicators of possible substance abuse, violence, and youth suicide. To be initially certified after August 31, 2014, educators must complete the expanded course.

Each Educational Service District is encouraged to develop and maintain the capacity to offer training on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students. Training may be offered on a fee-for-service basis or at no cost if funds are available.

District Plans. Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students (Plan), and annually provide the Plan to all district staff. The Plan must include the following:

- identification of training opportunities for staff;
- how to use the expertise of trained staff;

- how staff should respond to concerns or warning signs of emotional or behavioral distress;
- identification and development of partnerships with community organizations and agencies for referral of students to health and social services, including development of at least one memorandum of understanding with such an entity in the community or region;
- protocols and procedures for communication with parents;
- how staff should respond to a crisis situation of imminent danger; and
- how the district will provide support to students and staff after an incident.

The Plan may be a separate plan or a component of another required plan, such as the harassment, intimidation, and bullying prevention plan or the comprehensive safe school plan.

OSPI and the School Safety Advisory Committee must develop a model Plan and post it on the School Safety Center website by February 1, 2014.

Nothing in the bill is intended to increase liability for school districts related to suicide or attempted suicide.

Taskforce. Using remote technologies and other electronic communication as much as possible, OSPI must convene a taskforce to identify best practices, model programs, and successful strategies for school districts to develop partnerships with community agencies to coordinate and improve support for youth in need. Resource documents must be posted on the School Safety Center website, and a report with recommendations is due to the education committees of the Legislature by December 1, 2013. The taskforce must also explore the potential use of advanced online emotional health and crisis and response systems developed for use in other countries.

**EFFECT OF CHANGES MADE BY EARLY LEARNING & K-12 EDUCATION COMMITTEE (Recommended Amendments):** Each school district must adopt a plan for response to emotional or behavioral distress in students. The plan must also address information on the stages of grief and loss and how to respond to students who are in emotional distress as a result of a student or staff-related crisis or suicide.

Changes certain requirements regarding training and certification renewal for school counselors and psychologists.

Requires the Department of Social and Health Services (DSHS) to provide funding for mental health first-aid training targeted at school counselors and educational staff. Requires DSHS to collaborate with OSPI to identify sites and methods of instruction that leverage local resources for making mental health first-aid training broadly available. Includes a null and void clause, if funding is not provided for this training program. Retains the language of the underlying bill.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Engrossed Substitute House Bill (Early Learning & K-12 Education):** PRO: I am extremely concerned about suicidal youth. Many youth are suicidal. There are warning signs for suicide. Kids sometimes try to commit suicide in tandem. Counselors do not know how to deal with suicidal kids and do not always notify families. Schools fail to keep kids safe. Many schools do not have suicide prevention protocols. Suicide hurts the whole family. We need to prevent these tragedies. Suicide is preventable. We support this but it requires renewable training every five years, which is not consistent with employees who get recertified every ten years. Also, simple training is not enough. We need continued communication. Many veterans commit suicide. Lesbian, gay, bisexual, and transgender kids feel left out and hurt. This bill will increase the skill level of the employees who need to address suicidal students. School counselors are on the front lines. We also need training on how to cope with suicide in schools. We need to fund K-12.

OTHER: We know that educators need more training but at the same time we are worried about asking staff to do this without funding. We want a null and void amendment.

**Persons Testifying (Early Learning & K-12 Education):** PRO: Lonnie Johns-Brown, Youth Suicide Prevention Program, School Nurse Organization of WA; David Brenna, PESB; Bob Rudolph, Grandparents Rights of WA State, Veterans and Military Families for Progress; Jerry Bender, Assn. of WA School Principals; Kim Reykdal, WA School Counselor Assn.; Scott Friedman, Geraldine Laemmle, Debbie Reisert, citizens.

OTHER: Andrea Cobb, OSPI.